



COMPLETE RESOLUTION OF LEFT RENAL CYST THROUGH HOMOEOPATHIC INTERVENTION: A CASE REPORT

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Abstract:

Introduction: Renal cysts are mostly asymptomatic and found incidentally on imaging studies. Even though asymptomatic cases doesn't require treatment, they can cause complications like enlargement, infection and sometimes progress to carcinoma which need surgical interventions. Spontaneous resolutions are rare.

Case summary: A 38-year-old man complained of pain in the right side of his upper abdomen. A left renal cyst, discovered incidentally on ultrasound, was identified with internal septations and measured 2.2*2.5 cm. The abdominal pain and cyst completely resolved within three months after administering the Homeopathic medicine Phosphorus 30c. This medicine was selected based on a comprehensive assessment of the patient's symptoms. The evidence was assessed using the USG report and MONARCH criteria.

Conclusion: This case report shows the effectiveness of homoeopathic intervention in renal cyst when selected based on the totality of symptoms and individuality. This case report can contribute to evidence-based studies in this topic and further studies are encouraged.

Keywords: Homoeopathy; MONARCH; Phosphorus; Renal cyst.

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INTRODUCTION

A simple kidney cyst is a fluid-filled sac that develops on the surface of the kidney and is surrounded by a thin membrane. These cysts can occur singly or in multiples within the kidneys.¹

Simple renal cysts are present in around 5% of the general population across all age groups who undergo abdominal ultrasound for reasons unrelated to kidney health. However, this incidence rises to approximately 20% in individuals aged 40 and increases further to about 33% in those over the age of 60.²

The pathophysiology of simple kidney cysts isn't fully understood. One theory suggests that reduced blood flow in the kidney leads to the kidney compensating by filtering more blood and tubular hypertrophy, which might eventually result in cysts forming.³

Simple cysts are often discovered by chance during abdominal imaging and usually do not cause any symptoms. However, sometimes they can lead to symptoms like pain in the side, discomfort in the abdomen, feeling a lump, or blood in the urine. This might happen due to complications or as the cyst grows larger. If a cyst becomes large enough, it can even cause blockage and lead to more severe symptoms, especially if it's near to the renal pelvis.⁴

The majority of cysts do not need any intervention or follow-up. Two most common procedures for treating symptomatic kidney cysts are aspiration sclerotherapy and laparoscopic surgery to remove the cyst.⁵ There are no RCTs available with regards follow up of these cysts as such.⁶ But spontaneous resolution of cyst are rare.⁷ There is a chance of doubling up of size of the cysts in 10 years.⁵

This case report shows resolution of renal cyst with internal septation within 3 months of homeopathic medication with overall improvement of patient's general symptoms.

The modified Naranjo Criteria for Homoeopathy casual distribution Inventory (MONARCH) is a valid tool for assessing causal relationship between Homoeopathic intervention and clinical outcome. MONARCH criteria also used here to evaluate results.⁸

Fig 2 and 3 shows the USG report before and after the treatment. Table 1 is the follow up and outcome of the patient and Table 2 is the MONARCH criteria.

This case report could contribute to the scientific literature for further taking study upon this topic and bring up more evidence-based studies.

Patient information:

A 38-year-old male engineer presented to the outpatient department of the National Homoeopathy Research Institute in Mental Health, Kottayam, on 15/1/2024 with complaints of recurrent pain in the right side of the upper abdomen for the last 5 months. The pain worsens after eating a fatty meal and is described as aching. He has been under conventional medication for hypothyroidism (Thyronorm 75mcg/OD) for 8 years.

History of past illness:

Ten years ago, the patient was diagnosed with acute pancreatitis and treated conventionally. At the age of 5, the patient had chickenpox, for which he took Homeopathic treatment and got relieved the age of 8, he had mumps, which was relieved by Traditional medicine. At the age of 34, he had dengue fever, which was relieved with conventional medication.

Family history:

The patient is the elder of the two siblings. Mother is taking hypertensive medications and father having Type 2 Diabetes mellitus.

Personal history:

Living in a hilly area, married, and having two children, he had a habit of occasional alcoholism from 2006 to 2012. However, he completely stopped since then.

Physical general:

Appetite –good, Thirst-moderate

Desire- salt, chicken++, Aversion -nil

Stool- floats in water, Urine-normal

Thermal-chilly

Mental general:

Fear of heights++, anger easily++

Clinical findings:

General examination-no pallor, no cyanosis, no clubbing or lymphadenopathy. Blood pressure 120/80 mm of Hg,Pulse 74/min , Respiratory rate :16/min ,Weight :72 kg

Abdominal examination-no tenderness in abdomen .No abnormal findings.

Thyroid examination- normal

Investigation:

Usg abdomen on 07/12/23 showed a left renal cyst in interpolar region with size 2.2*2.5 cm with internal septation of 3.5mm.

TSH-5.54 micIU/ml

Diagnosis: Diagnosis of renal cyst made by USG report as most renal cyst are asymptomatic by presentation and no examination findings are elicited.

Therapeutic intervention:

After complete case taking and repertorisation with help of radar opus software(synthesis repertory), *PHOSPHORUS 30* was prescribed 4dose once in 7 days for 1 month. Since renal cyst is a structural disease 30c was the potency selected.

	phos.	nat-m.	calc.	lyc.	ars.	caust.	sulph.	cal-c-sil.	spong.	bell.	thuja.	zinc.	cal-c-p.	con.	dulc.	psor.	merc.	hep.	kali-p.	nat-p.	sep.	sil.
1. MIND - ANGER - easily (78) 2	2	1	1	3	1		1	1	1	2	2		1	2	2					1	1	
2. MIND - FEAR - high places, of (120) 2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
3. EXTERNAL THROAT - THYROID GLAND; COMPLAINTS OF (62) 1	1	1	1	1	1	1	1	1	1	2							1	1	1		1	
4. ABDOMEN - PAIN - Hypochondria - right (188) 1	2	2	1	3	2	3	2	1	1	3	1	2	2	2	1	1	2	1	1		1	1
5. ABDOMEN - PAIN - Hypochondria - fatty food (1) 1																						
6. STOOL - FLOATING IN WATER (8) 1																	1				1	
7. GENERALS - FOOD AND DRINKS - chicken - desire (32) 2	2	1				1	1		1				1		1				1	1		
8. GENERALS - FOOD AND DRINKS - salt - desire (161) 1	1	1	2			2	1	1	1		2	1	2	1		1			1	1	1	1
9. GENERALS - FOOD AND DRINKS - warm food - desire (46) 1	1		1	2	3		1															1

Fig 1: Repertorisation chart

Follow up:

Table1: Follow up and outcomes

15/01/24	Pain in right side of upper abdomen occasional, stool-normal, generals -good, sleep -good	Rx-Phosphorus 30/4d/weekly once BT/3grain/BD/1month
12/02/24	Pain in right side of upper abdomen reduced, stool regular and satisfied, sleep good.	Phosphorus 30/4d/weekly once BT/3grain/BD/1month
12/03/24	No complaints, no abdominal pain, generals good USG was taken on 09/03/24 showed complete disappearance of renal cyst. TSH-2.49 micIU/ml	SL/4d/weekly once BT/3grain/BD/1month



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Printed Date: 07/12/2023 15:52:12

ULTRASOUND ABDOMEN

Patient Name : M [REDACTED]

MRD#: 1049637

Sex: Male

Date : 07/12/2023

LIVER :

Measures 15.2 cm. Moderate fatty infiltration noted. No focal lesion / IHBRD. CBD appears normal. Portal vein shows normal calibre and hepatopetal flow.

GB :

Distended. Normal wall thickness. No evidence of calculi.

SPLEEN :

Measures 11 cm.

PANCREAS :

Head and body visualised, appears normal in bulk. No peripancreatic free fluid / collection.

KIDNEYS :

Both kidneys are normal in size, shape, position and echotexture. Corticomedullary differentiation is preserved. Left kidney shows a cyst in the interpolar region measuring 2.2 x 2.5 cm with thin internal septation measuring 3.5 mm.

BLADDER :

Partially distended, grossly normal.

PROSTATE :

Appears normal in size.

Retroperitoneum not visualised due to bowel gas.

No free fluid is seen in abdomen.

IMPRESSION :

Moderate fatty liver

Pancreatic head and body appears normal in size, no peripancreatic free fluid / collection

Left renal cyst with internal septation

Dr. KAILASH

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MRD No:1049637

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Fig 2:USG abdomen 07/12/23

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DRAFT - COPY. Printed Date: 09/03/2024 12:53:47

ULTRASOUND ABDOMEN

Patient Name: [REDACTED] MRD#: 1049637
Sex: Male

Date : 09/03/2024

LIVER :
Measures 14.5 cm. Mild to moderate fatty infiltration noted. No focal lesion seen. IHBR not dilated.
CBD appears normal.
Portal vein shows normal calibre and flow.

GB :
Distended, normal. No calculi / sludge in the lumen.

SPLEEN :
Normal size (9.8 cm) and echotexture. No focal lesion seen.

PANCREAS :
Head and proximal body appears normal, tail not visualised due to bowel gas.

KIDNEYS :
Normal in size (RK 10.9 cm, LK 11.2 cm), shape, position and echotexture. Corticomedullary differentiation is preserved. Prior documented left renal cyst not visualised in present study. No hydronephrosis / hydroureterosis bilaterally.

BLADDER :
Partially distended, grossly normal.

PROSTATE :
Appears normal.
Retroperitoneum not visualised due to bowel gas.
No free fluid is seen in abdomen.

IMPRESSION :
Mild to moderate fatty liver

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MRD No:1049637 Name: [REDACTED]

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Fig 3:USG abdomen 09/03/24

Discussion:

This is a case report prepared using CARE guidelines.⁹

The single renal cysts are asymptomatic and found during routine imaging for other symptoms. In this case also, the renal cyst was found incidentally during routine USG for abdominal pain.

This patient was 38 years old even though previous studies show incidence of simple renal cysts in older patients.²

The full case was taken, and homoeopathic medicine prescribed considering the patient as a whole and within 3 months there was, complete disappearance of cyst as well as reduction in TSH levels.

Renal cysts, even though they do not need treatment, there are chances of infection and carcinoma in a long duration. And there is only a rare incidence of spontaneous resolution without any treatment.⁷

Only a single case report was reported in treatment of renal cyst with homoeopathy previously where other symptoms like ovarian cyst were also accompanied. Pulsatilla 0/1 was found effective in that case prescribed based on totality of symptoms.¹⁰

This case also used an individualistic approach of treatment as there were no symptoms of a renal cyst as such. Along with the other symptoms, there was improvement in the patient's TSH level and the cyst underwent resolution within a 3-month duration.

Phosphorus 30c was prescribed considering the totality of symptoms as there were no rubrics available for a single renal cyst in the synthesis repertory. Phosphorus is a very good remedy for many urinary symptoms like hematuria, acute pain in the region of kidneys and burning pain while urinating etc. and has action on many organs of the body.¹¹

MONARCH criteria showed a score of +7 which shows a probable causal relationship between the homeopathic treatment and improvement, which is further helpful to confirm the effectiveness of treatment.

This case report shows that Homeopathic medicines act on all aspects of sick individual rather than a single symptom.

This is a single case report only. Further studies on this topic can be put forward with more evidence-based studies.

No adverse or anticipated events were noted during the course of treatment.

Conclusion:

This case report shows that individualised Homeopathic prescriptions can bring changes to the whole totality of patients and cure diseases in its whole extent. Treatment of renal cyst through homeopathic medicine has less evidence-based reports previously. This case report intends to the individualistic approach of homeopathic treatment and contributes to an evidence-based approach for conducting more studies.

Declaration of patient consent:

The authors certify that the patient had given her consent for the photos and clinical information for publication in the journal concealing his identity.

Financial support and sponsorship:

Nil.

Conflicts of interest:

None declared.

Table 2: MONARCH criteria

	Yes	No	Not Sure or N/A
1. Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?		-1	0
2. Did the clinical improvement occur within a plausible timeframe relative to the drug intake?		-2	0
3. Was there a homeopathic aggravation* of symptoms?	+1		0
4. Did the effect encompass more than the main symptom or condition (i.e., were other symptoms, not related to the main presenting complaint, improved or changed)?		0	0
5. Did overall well-being improve? (Suggest using a validated scale or mention about changes in physical, emotional, and behavioral elements)		0	0
6 (A) <i>Direction of cure</i> : did some symptoms improve in the opposite order of the development of symptoms of the disease?	+1	0	
6 (B) <i>Direction of cure</i> : did at least one of the following aspects apply to the order of improvement of symptoms: - from organs of more importance to those of less importance - from deeper to more superficial aspects of the individual - from the top downwards	+1	0	
7. Did “old symptoms” (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?	+1		0

8. Are there alternative causes (other than the medicine) that –with a high probability- could have produced the improvement? (Consider known course of disease, other forms of treatment, and other clinically relevant interventions)	-3	+1	0
9. Was the health improvement confirmed by any objective evidence*? (e.g., investigations, clinical examination, etc.)	+2	0	0
10. Did repeat dosing, if conducted, create similar clinical improvement?	+1	0	0
TOTAL SCORE (range -3 to 13)	7		

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